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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stefan Dietmar Anker and Andrew Justin Stewart Coats

Serial No.: 09/807,558 Art Unit: 1647

Filed: July 17, 2001 Examiner: Fozia M. Hamud

For: *METHODS OF TREATMENT*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST TO FILE SUBSTITUTE SPECIFICATION

Sir:

Further to the Request to File a Substitute Specification, mailed on November 4, 2004, Applicants enclose a further Substitute specification (46 pages of specification, 1 page of abstract, and 8 pages of original claims) with markings showing all the changes relative to the version of the specification, filed November 4, 2004. An accompanying clean version of the Substitute specification (43 pages of specification, 1 page of abstract, and 7 pages of original claims) is also enclosed. Applicants request that the attached substitute specification be accepted and that it replace the specification, filed November 4, 2004. The Substitute application contains no new matter.

U.S.S.N. 09/807,558

Filed: July 17, 2001

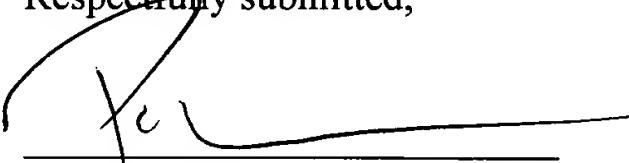
REQUEST TO FILE SUBSTITUTE SPECIFICATION

Remarks

The following changes were made in the substitute specification, filed November 4, 2004: 1) section headings were inserted where appropriate at page 1, line 2; page 1, line 27; page 2, line 3; and page 18, line 6; 2) original Figure 1 became Table A, which was inserted into the text at page 25, and the remaining figures were renumbered accordingly; 3) Examples 6-9 on pages 38-47 were deleted from the specification, and the remaining Examples 10-12 were renumbered as 6-8.

The following changes have been made in the present substitute specification: 1) the Brief Description of the Drawings section has been moved from page 19 to page 4, after the Brief Summary of the Invention; 2) the description of Figures 3 and 4 have been deleted from the Brief Description of the Drawings; 3) the title of Table A on page 25 (clean version) has been amended; 4) Figures 3 and 4 have been deleted.

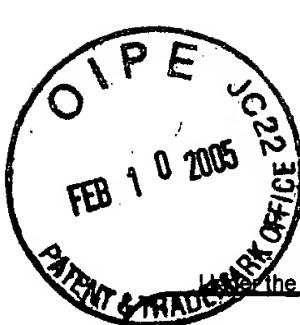
Respectfully submitted,



Patrea L. Pabst
Reg. No. 31,284

Date: February 7, 2005

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|--|-----------------------------------|
| Application Number | 09/807,558 |
| Filing Date | July 17, 2001 |
| First Named Inventor | Stefan Dietmar Anker |
| Art Unit | 1647 |
| Examiner Name | Fozia M. Hamud |
| Total Number of Pages in This Submission | Attorney Docket Number ICI 102 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Request to File Substitute Specification; marked up version of specification; clean copy of substitute specification |
| <input type="checkbox"/> Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------|----------|--------|
| Firm Name | Pabst Patent Group LLP | | |
| Signature | | | |
| Printed name | Rivka D. Monheit | | |
| Date | February 8, 2005 | Reg. No. | 48,731 |

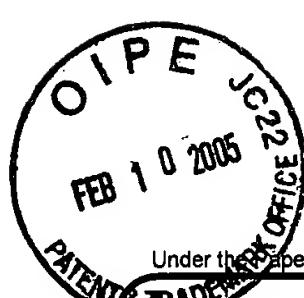
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|--------------|------|------------------|
| Signature | | | |
| Typed or printed name | Ronna Berman | Date | February 8, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 09/807,558 |
| Filing Date | July 17, 2001 |
| First Named Inventor | Stefan Dietmar Anker |
| Examiner Name | Fozia M. Hamud |
| Art Unit | 1647 |
| Attorney Docket No. | ICI 102 |

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES
Fee Description Small Entity
Fee (\$) Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

| | | | | |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| 30 - 47 or HP = | 0 | x | = | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20

| | | | | |
|----------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| 1 - 10 or HP = | 0 | x | = | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | | / 50 = (round up to a whole number) x | = | |

4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | |
|-------------------|-------------------------|---|--------------------------|
| Signature | <i>Rivka D. Monheit</i> | Registration No. (Attorney/Agent) 48,731 | Telephone (404) 879-2152 |
| Name (Print/Type) | Rivka D. Monheit | Date | February 8, 2005 |

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